

EXHIBIT 9-A APPLICATION FOR HIGHWAY SAFETY IMPROVEMENT PROGRAM (HSIP) FUNDS

Applicants seeking Highway Safety Improvement Program (HSIP) funds must use this form. Failure to provide information that is required, or failure to prepare the application in accordance with general formatting instructions may result in your application being disqualified. See Exhibit 9-B “Application Form Instructions for HSIP Funds” for assistance in completing this form.

This entire Application Form must be submitted. Applicants should download the Application Form from the Division of Local Assistance HSIP web site at: www.dot.ca.gov/hq/LocalPrograms/hsip.htm.

Limit the application to eight (8) pages plus attachments. Do not provide brochures and samples of materials unless they are directly related to a response.

Agency: _____

Date: _____

Total number of applications being submitted by your agency: _____

Rank of this project (Note: Each project application must have a different rank): _____

Name of Contact Person: _____

Telephone: _____

E-mail: _____

Mailing Address:

Street: _____ **City:** _____ **Zip:** _____

County: _____

Caltrans District: _____

MPO: _____

Project Location:

Description of Proposed Improvement(s):

Does proposed improvement(s) include Intelligent Transportation System components as defined in Chapter 12.6, Intelligent Transportation Systems, of the LAPG? _____ **YES** _____ **NO**

Type of Improvement (See Exhibit 9-B: Application Form Instructions for HSIP Funds):

*(Item 1 to 20: Select from the first box; Item 21 to 34: Select from the second box. Select one only.)

Intersection or Road Section (Select one. If it is a road section, indicate section length.):

☐ Intersection

☐ Road Section Section Length (Miles): _____

Speed Limit (mph): _____

Number of Lanes: _____

Functional Classification (select one): _____

Visit <http://web1.dot.ca.gov/hq/hpms/Page1.php> to verify the functional classification.

Average Daily Traffic (ADT) (Current, all directions) (required for Safety Index Project): _____

Traffic Collision Information (required for Safety Index Project):

**If "1. Roadway Illumination (where no lighting exists)" is selected as Type of Improvement, enter only night-time collisions.*

Time Period	_____ to _____		
Collision Type	Fatal	Injury	Property Damage Only (PDO)
Number of Collisions (<u>NOT</u> Number of Victims)	_____	_____	_____

Project Cost Estimate

Complete the following "Project Costs Estimate" section. Include only those costs that are being requested for this project. For the three (3) primary headings, identify the Federal Fiscal Year in which funds should be programmed.

PROJECT COST ESTIMATE: (REQUIRED)

		Federal Fiscal Year
Preliminary Engineering		_____
Environmental	\$ _____	
PS&E	\$ _____	
Right of Way		_____
Engineering	\$ _____	
Acquisition	\$ _____	
Construction		_____
Construction Engineering	\$ _____	
Construction	\$ _____	
Subtotal	\$ _____	
Contingency (10% of Subtotal; max)	\$ _____	
Total Project Cost	\$ _____	
Federal Funds Requested	\$ _____	

The following parts of this Application Form request specific project-related information. Sections 1 and 2 request the applicant to provide a detailed narrative description related to a specific topic. If pictures, maps, exhibits, data, diagrams, etc., are submitted in response to questions or statements in the application, they must be attached to the application.

1. IDENTIFICATION AND DEMONSTRATION OF NEED

This section requires the applicant to demonstrate the need for the project. Using the following questions and statements as a guide, provide a detailed narrative description of the problem.

Provide some background information about the problem. How was the problem identified? How long has the problem existed? Describe the primary cause(s) of the collisions that have occurred at the location. Given that other problems may exist within the applicant's jurisdiction, explain why this problem was chosen for improvement. Use whatever collision data, traffic data, community surveys, reports, plans, and other environmental conditions that may apply. Describe the urgency of project and the agency's commitment to deliver project regardless of HSIP funds.

If available, provide photographs to illustrate the problem or deficiency. Include these photographs as attachments.

2. POTENTIAL FOR PROPOSED IMPROVEMENT TO CORRECT OR IMPROVE THE PROBLEM

This section requires the applicant to describe how the proposed solution will improve the safety of the public. The applicant must clearly demonstrate the connection between the problem and the proposed solution.

Describe how the proposed project corrects, or improves the traffic safety at or near the project site.

Describe options, or alternatives that were considered.

3. IMPLEMENTATION SCHEDULE

Applicants must estimate dates for the following milestones:

Request Authorization to Proceed with Preliminary Engineering	_____
Obtain Environmental Clearance (NEPA)	_____
Request Authorization to Proceed with Right of Way (if applicable)	_____
Obtain Right of Way Clearance	_____
Request Authorization to Proceed with Construction	_____
Complete Construction of Project	_____

4. PROJECT SITE IS A LISTED LOCATION IN THE CURRENT CALIFORNIA FIVE PERCENT (5%) REPORT

_____ Yes, _____ LOCATION IDENTIFICATION NUMBER
(See Five Percent (5%) Report, Appendix B)

For web site access to the Five Percent (5%) Report, go to: <http://safety.fhwa.dot.gov/fivepercent/index.htm>
or contact your District Local Assistance Engineer for assistance.

5. APPLICATION SIGNATURES

An agency official representing the applicant must sign the application. The undersigned affirms that the statements contained in the application package are true and complete to the best of the applicant's knowledge. The undersigned also affirms that the applicant's agency owns, operates and maintains the facility upon which the proposed improvements will be constructed. If portions of the improvements extend into areas where the applicant has no jurisdictional authority, a notation must be made that officials representing the affected local agencies support the project. In the notation, provide names and telephone numbers of whom to contact for corroboration. Only one agency official needs to sign the application. "Agency Official" means Director, Assistant Director, Executive Director, Assistant Executive Director, or their respective designated administrators, engineers, or planners.

Agency Official: _____ (Name)

Signature_____
Date

Title: _____

Phone Number: _____

E-mail: _____ (*If available*)Notation: (*If applicable*)

Distribution: Original and two copies – DLAE

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EXHIBIT 9-B APPLICATION FORM INSTRUCTIONS FOR HSIP FUNDS

Applicants should submit the original application and two copies to the respective Caltrans District Offices, directed to the attention of the District Local Assistance Engineer (DLAE), by the designated deadline.

Download the Application Form from the Division of Local Assistance HSIP web site at:

www.dot.ca.gov/hq/LocalPrograms/hsip.htm. Limit the application to eight (8) pages plus attachments. Do not provide brochures and samples of materials unless they are directly related to a response. Any maps, schematics, drawings, figures and/or photographs attached to the application should be made on 8-1/2 x 11-inch paper.

For projects that involve multiple locations, a separate form must be submitted for each spot location.

For projects that involve roadway segments that exceed 1 mile in length, a single application may be submitted if the Average Daily Traffic (ADT) throughout the project's limits does not vary by more than 20%.

The application form contains the following fields:

Agency: Provide the name of your agency.

Date: Indicate the Application Date.

Total number of applications being submitted by your agency: Provide the total number of applications being submitted by your agency for HSIP Funds, including this application.

Rank of this project: Rank of this project among all the applications submitted by your agency. "1" means the highest priority. Each project application must have a different rank.

Name of Contact Person: Name of the contact person for this application.

Telephone: Telephone number of the contact person.

E-mail: E-mail address of the contact person.

Mailing Address: Mailing address of the contact person for this application.

County: Name of the County where the proposed project will be constructed.

Caltrans District: From the drop-down list, select the Caltrans District (1 to 12) where the proposed project will be constructed.

MPO: From the drop-down list, select the MPO (Metropolitan Planning Organization) that will be involved with the programming of the project in the FTIP. Select "Other" if not applicable. The following 18 MPOs are available from the drop-down list:

AMBAG: Association of Monterey Bay Area Governments
BCAG: Butte County Association of Governments
COFCG: Council of Fresno County Governments
KCAG: Kings County Association of Governments
KCOG: Kern Council of Governments
MCAG: Merced County Association of Governments
MCTC: Madera County Transportation Commission
MTC: Metropolitan Transportation Commission
SACOG: Sacramento Area Council of Governments
SANDAG: San Diego Association of Governments
SJCOG: San Joaquin Council of Governments
SLOCOG: San Luis Obispo Council of Governments
SBCAG: Santa Barbara County Area of Governments
SCRTPA: Shasta County Regional Transportation Planning Agency
SCAG: Southern California Association of Governments

STANCOG: Stanislaus Council of Governments
TCAG: Tulare County Association of Governments
TMPO: Tahoe Metropolitan Planning Organization

Project Location: Provide road name and/or geographical references to project location.

Description of Proposed Improvement(s): Describe the proposed improvements.

Intelligent Transportation Systems Component: Answer “yes” or “no.” If the reply is “yes,” Chapter 12.6 of the LAPG shall be followed.

Type of Improvement: Proposed type of improvement. Select one (and only one) from the predefined list (see below).

Type of Improvements

1. Roadway Illumination (where no lighting exists)
2. Relocation or Breakaway Utility Poles
3. Traffic Signs (General)
4. Curve Warning Arrows
5. Advance Curve Warning with Advisory Speed
6. 4-Way Stop
7. Upgrade with Breakaway Supports
8. Upgrade Median Barrier (includes new median barrier)
9. Remove Obstacles
10. New Traffic Signals
11. Upgrade Guardrail (include new guardrail)
12. Impact Attenuators
13. Upgrade Traffic Signals (includes interconnection)
14. Sight Distance Improvement
15. Construct Raised Median for Traffic Separation
16. Groove Pavement for Skid Treatment
17. Turning Lanes (except for new left-turn lane) and Traffic Channelization
18. New left-turn lane at signalized intersection (with no left-turn phase)
19. New left-turn lane at signalized intersection (with left-turn phase)
20. New left-turn lane at nonsignalized intersection
21. Two-way left-turn lane
22. Pavement Markings and Delineation
23. Widen or Improve Shoulder
24. Flatten Side Slopes
25. Realign Roadway
26. Overlay for Skid Treatment
27. Reconstruction (combinations & miscellaneous)
28. Emergency Vehicle Priority Systems
29. Bicycle/Pedestrian Improvements
30. Public Transportation Facility
31. Traffic Calming
32. Red Light Running Detection System
33. In-pavement Crosswalk Lights
34. Other

Item 28, 29, 30, 31, 32 and 33 are eligible improvements for Work Type projects, but not for Safety Index projects.

Intersection or Road Section: Check the appropriate description. If it is for a road section, indicate the length of the road section in miles.

Speed Limit (mph): Indicate the speed limit.

Number of Lanes: Indicate the total number of travel lanes of the road (both directions). Do not include left-turn lanes, right-turn lanes or two-way turn lanes. If it is an intersection, use the average number of lanes of the roads approaching the intersection. For example, if 2 approaches have 2 lanes each, and 2 other approaches have 1 lane each, the average number of lanes is 1.5.

Functional Classification: Select one from the following twelve categories:

- 01-Rural Principal Arterial Interstate
- 02-Rural Other Principal Arterial
- 06-Rural Minor Arterial
- 07-Rural Major Collector
- 08-Rural Minor Collector
- 09-Rural Local
- 11-Urban Principal Arterial Interstate
- 12-Urban Principal Arterial - Other Fwys or Expwys
- 14-Urban Other Principal Arterial
- 16-Urban Minor Arterial
- 17- Urban Collector
- 19- Urban Local

Visit <http://web1.dot.ca.gov/hq/hpms/Page1.php> to verify the functional classification.

Average Daily Traffic (ADT):

Indicate the existing (or most current) ADT volume of the proposed location. The ADT is required to qualify as a Safety Index project.

If the proposed improvement is at an intersection, add the existing (or most current) ADT volumes approaching the intersection from all directions. The ADT is the combined traffic volume of all approaches to the intersection on an average day.

If the proposed improvement is not at an intersection, the ADT is the number of vehicles that use the section of roadway proposed for improvement in both directions on an average day.

Traffic Collision Information:

The information to be provided in the table is required to qualify as a Safety Index project.

Do not include unreported collisions since the evaluation formula has already been adjusted to account for this anomaly. Collision summary reports that corroborate the values must be attached to the application. Do not attach the law enforcement collision reports.

For spot improvements, collisions that occurred within 1/10 mile may be included.

For corridor or linear improvements, collisions that occurred within the corridor plus collisions that occurred within 1/10 mile of the ends of the project limits may be included.

For intersection improvements, collisions that occurred within 300 feet of the intersection in all directions may be used. If the distance to the nearest intersection is less than 600 feet, only those collisions that occurred from midblock may be used.

If "1. Roadway Illumination (where no lighting exists)" is selected as Type of Improvement, enter only night-time collisions.

Time Period: The time period of the collision data provided. Data should be provided for at least the last three years.

Number of Collisions: The number of the collision occurrences (**not number of victims**) in the time period per three severities: Fatal, Injury and Property Damage Only (PDO).

Project Cost Estimate: See the Application Form.

Identification and Demonstration of Need: See the Application Form.

Potential for Proposed Improvement to Correct or Improve the Problem: See the Application Form.

Implementation Schedule: Estimated dates of the project implementation milestones.

Project Site is a Listed Location in the Current California Five Percent (5%) Report: See the Application Form.

Application Signatures: See the Application Form.

EXHIBIT 9-C PROJECT STATUS REPORT**PROJECT STATUS REPORT****Due July 1 each year***(Required only if a Construction Contract has not been awarded by July 1)***Agency:** _____ **Date:** _____**Project Number:** *(to be completed by Caltrans District)***Project Location:** _____
_____**Work Description:** _____

_____**Original Project Award Date:** _____**Current Project Award Date:** _____

If “current project award date” is not within the same federal fiscal year as the “original projected award date,” attach letter requesting time extension.

Original Cost Estimate: _____**Current Cost Estimate:** _____**Reason for Difference** (increase or decrease): _____

_____**Other
Comments:** _____

_____**Prepared by:** _____**E-mail:** _____**Telephone:** _____

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